

# Partnering with Barre Family Health Center to Improve Teen Sexual Health Education in Barre

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## Introduction

Barre Family Health Center medical professionals and a clinician at Quabbin Regional High School (QRHS) report a rise in Barre teen pregnancy rates, which contrasts a state decline<sup>1</sup>. Additionally, QRHS does not provide sexual health education for students. Our project aims to increase sexual health awareness and improve sexual health education in hopes that these regional rates can mirror state decline.

## Project Goals

Raise sexual health awareness in Quabbin Regional High School students in the hope that:

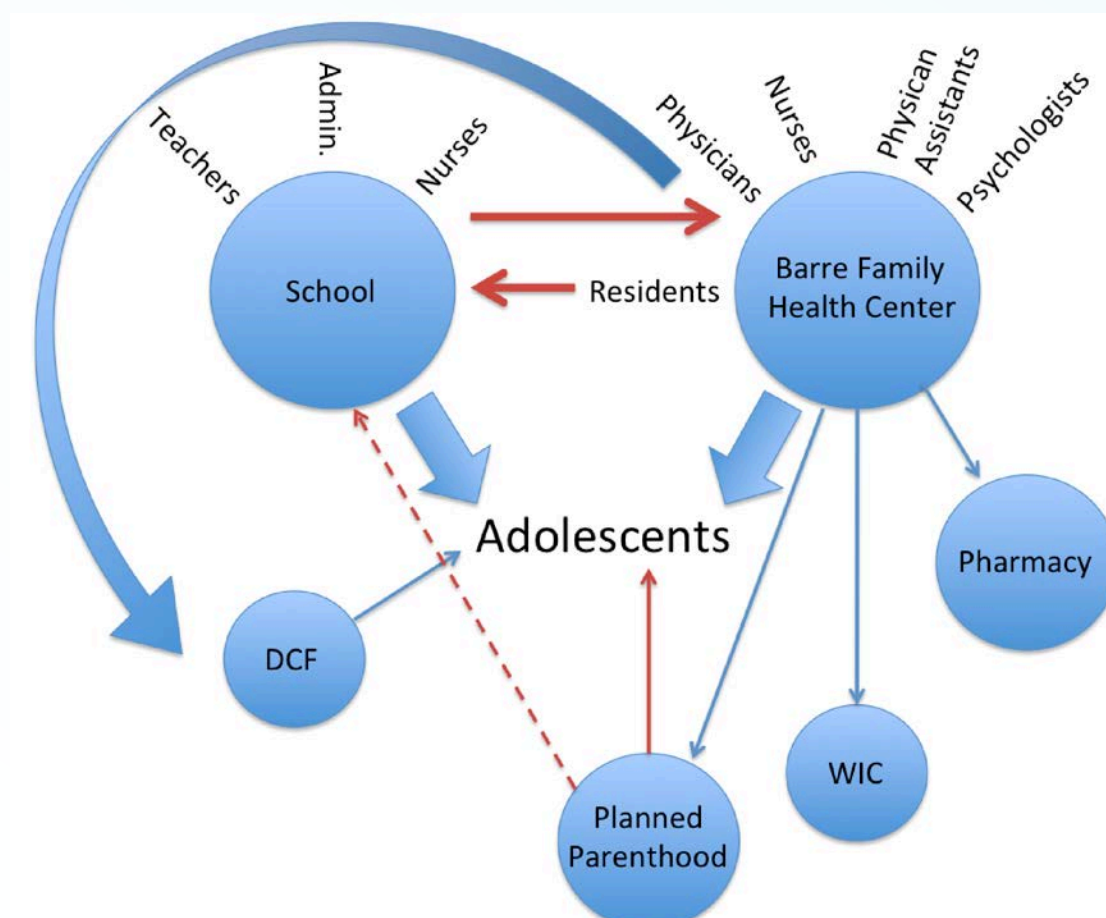
- Teen pregnancy and STI rates in Barre and surrounding communities will be reduced
- The partnership between Barre Family Health Center and Quabbin Regional High School will be strengthened to collaborate in administering a sexual health curriculum to students

## Demographics

Barre is a rural community in central Massachusetts with a population of 5,365. It is home to Barre Family Health Center, a facility that provides primary care and host of other medical services to much of the community. Quabbin Regional High School educates students from Barre and four surrounding towns. Driving through the community revealed that the towns were sprawling with large distances between homes, a lack of businesses, few recreational activities and job opportunities, and no public transportation. In terms of adolescent access to reproductive health services, there is no sexual health education at QRHS and the nearest Planned Parenthood is roughly 30 minutes away.

- Per capita income: \$20,476 (MA: \$25,952)<sup>2</sup>
- White non-Hispanic population: 96.5% (MA: 78.6)<sup>2</sup>

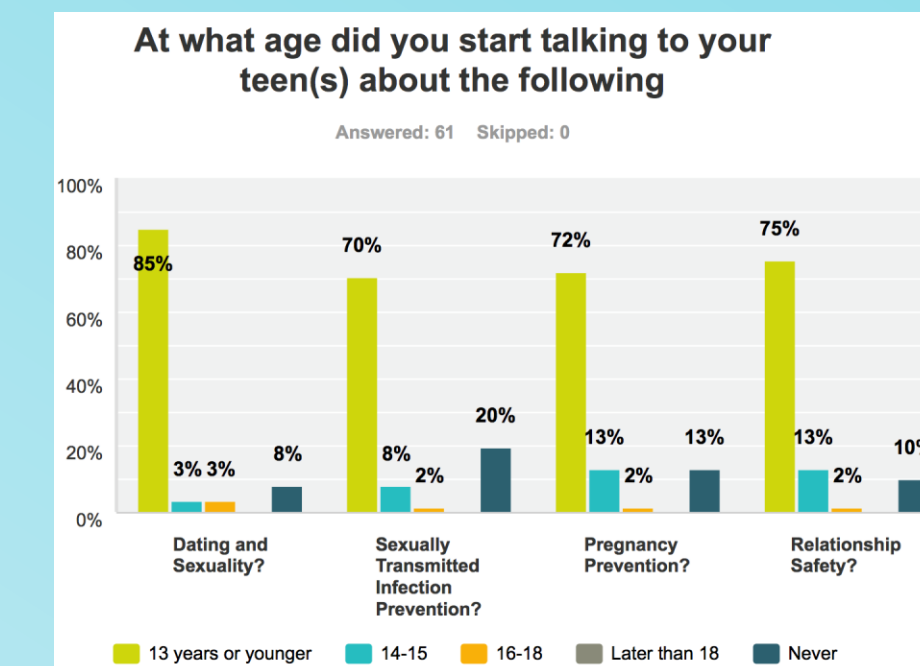
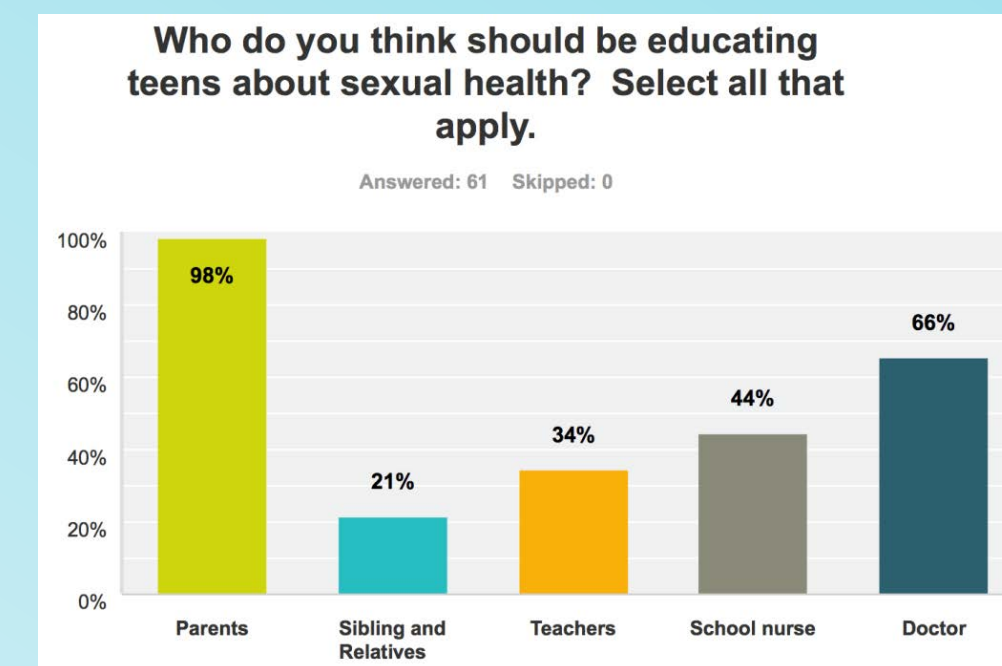
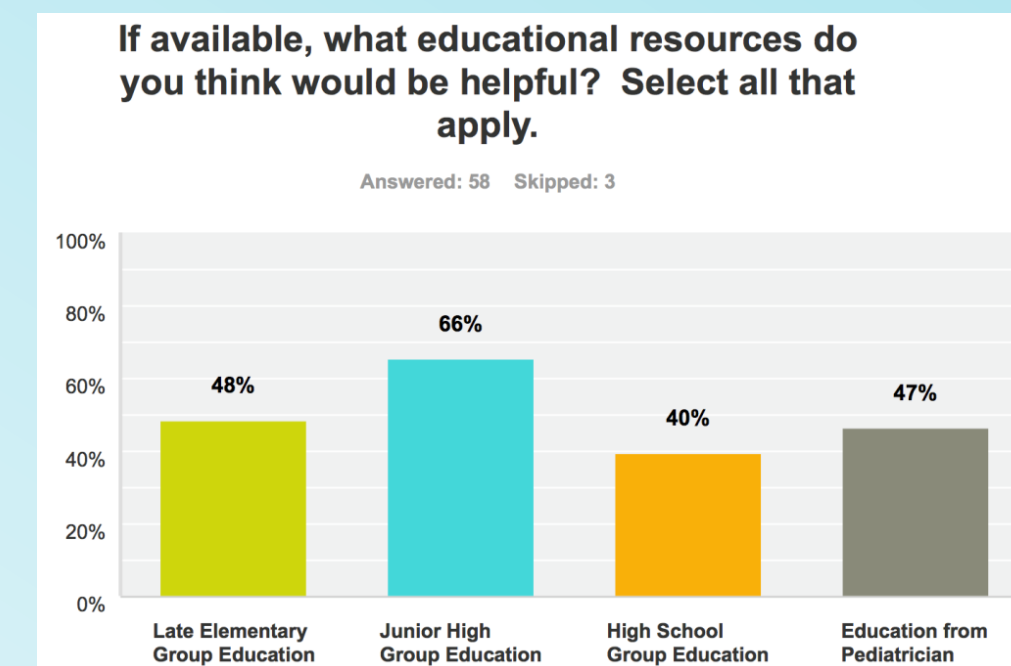
## Interprofessional Resources for Barre Adolescents



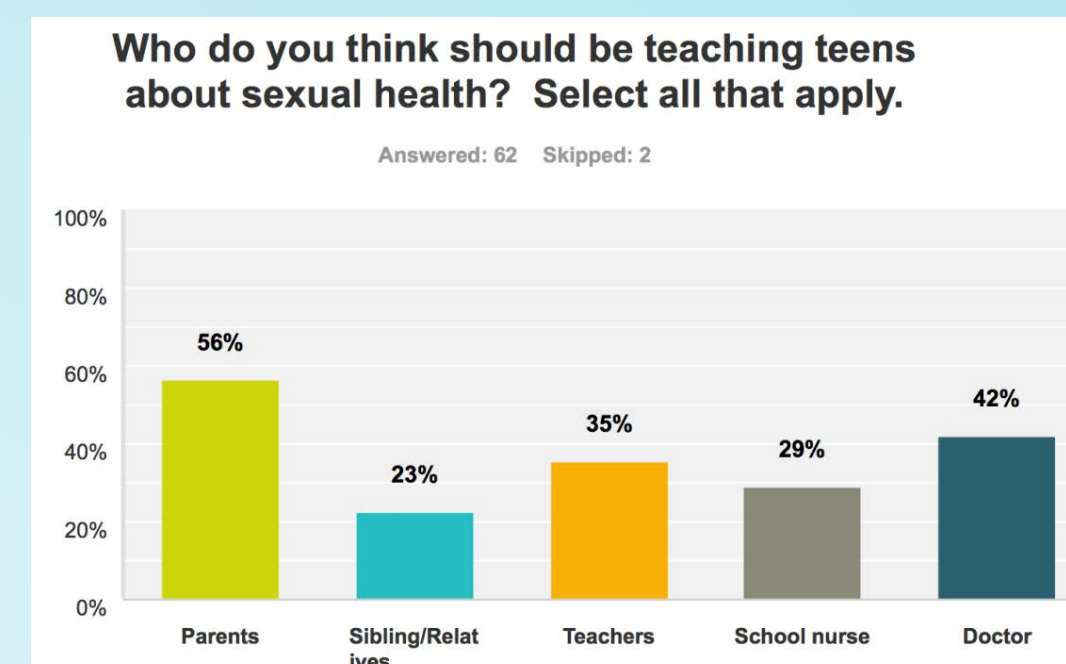
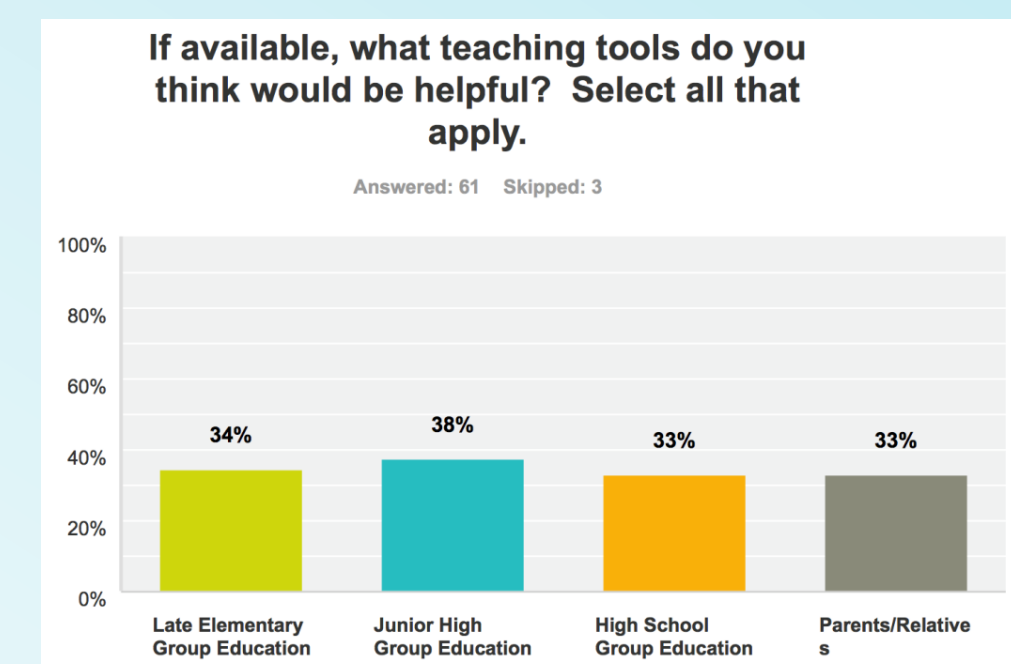
Red arrows indicate connections we aimed to strengthen.

## Survey Results

### Parent Survey Results: 61 respondents

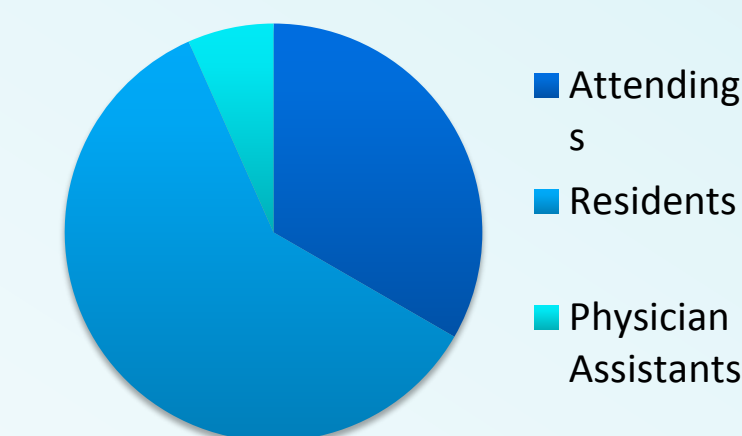


### Teen Survey Results: 61 respondents



### Health Care Provider Survey Results

- 15 health care providers:
- 80% female, 20% male

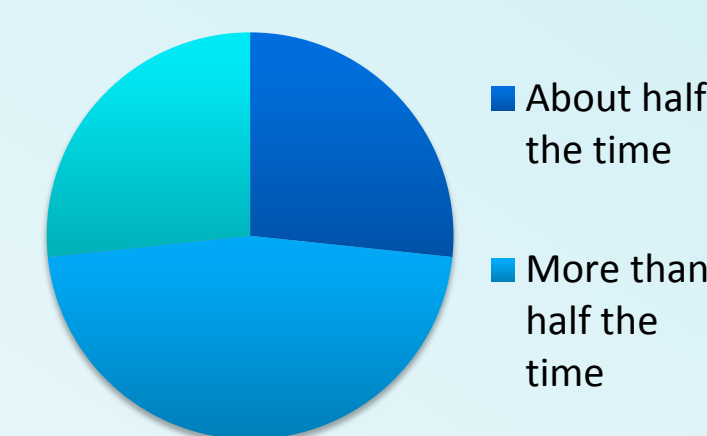


#### Barriers

- 60% of BFHC physicians do not know
- if sexual health info is conveyed on insurance forms
- If info is sent to the adolescents' home

Largest barrier to providing for teens: Comfort level

How often do providers ask teen patients about sexual health?



### Home Visits with Teen Mothers

- In addition to education and access, other factors need to be targeted, such as peer influences or media influences, which have powerful effects on teen attitudes
- Trust in the patient-provider relationship is key to providing adequate health care (avoiding ageism and other judgmental behaviors is essential)
- Need for a collaborative effort amongst all adults (parents, health care providers, school faculty) in teens' life to encourage healthy sexual practices and attitudes

## Survey Conclusions

A large percentage of teens and parents would like to see sexual health education from educators and physicians. Currently, no classes at QRHS provide comprehensive sexual health curriculum and not all providers ask their teen patients about sexual health. It would be helpful to target these areas to improve delivery of health information. In addition, the largest percentage of parents and teens believe that group education would be best at the junior high level and discussions began in the home before the child was 13 years old. In implementing new curriculum, it would be best to focus on QRMS.

## Collaboration with Quabbin Regional School

- 3 one hour sessions at QRHS during First Aid/"Health" class taught by Barre Family Health Center residents for approximately 1/3 of QRHS students in grades 9-12 between December and March
- 3 one hour sessions during Inquiry Skills Class for 9<sup>th</sup> grade students that has potential for collaboration with teacher who has training in sexual health education and peer-to-peer teaching
- Recruitment from QRHS and QRMS for Barre Family Health Center's Girl Talk Curriculum that is designed as a discussion forum curriculum about various sexual health topics

## References

1. Centers for Disease Control and Prevention. *Youth Risk Behavior Survey (YRBS) 2013*. <http://www.cdc.gov/healthyyouth/yrbs/overall.htm>.
2. United States Census Bureau. *U.S. Census 2010*. <http://www.census.gov/data.html>

## Key Takeaway Points

- Through the windshield surveys, we found that Barre and the surrounding towns have few recreational opportunities for teens and a lack of access to transportation, which could contribute to risky behaviors
- QRSD currently has a limited amount of sexual education in the school and could benefit from a comprehensive sexual health curriculum at the middle/high school level due to their higher rates of teen pregnancy and STI when compared to the rest of the state
- The results from the teen and parent surveys indicate a desire for sexual health education during the middle/high school years
- Barre Family Health Center, the school nurse, and administration at QRHS are willing to implement a sexual health education curriculum into their health classes which would inform about a third of ninth grade students
- One of the barriers to implementing a program in the middle school is a lack of schedule flexibility
- The school is willing to work with Barre Family Health Center with promoting the Girl Talk program to their students



## Acknowledgments

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